

THE NORTH-WESTERN  
MEDICAL AND SURGICAL JOURNAL.  
NEW SERIES.

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VOL. I.

AUGUST, 1852.

No. 4.

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ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Hydrothorax*. By IRA MANLEY, M. D.

It is well known that a great embarrassment, in the treatment of this disease, often arises from the uncertainty of tests in arriving at a positive knowledge of the condition of the lungs. If a lung is stuffed with tubercle, and a consequent touch of pleurisy has given rise to the effusion, it might be of importance to know that such is the case, that the treatment may be directed to correct the strumous diathesis, as well at the same time to produce absorption. If, on the other hand, the disease is a result of organic change in the heart or liver, or pure pleurisy, or if causes which are inappreciable have given rise to it, such treatment might be superfluous. Mr. Watson says, "We shall find two sets of symptoms to be distinguished, viz., those which depend on the primary disease, and those which depend on the collected fluid.

Doubtless, in an early stage of hydrothorax from tubercle, the physical signs would give notice of their presence; but as softening may not take place and the lung become collapsed, how are we to determine on the presence or absence of tubercle?

Aug. 6, 1850. Was called to see Mr. H——, æt. 48,—had been sick about a year—attended by a physician of extensive practice. Patient said he had black jaundice—complained of bowels, which were tympanitic—said his lungs were quite well.

Examined chest and found left side perfectly dull, intercostal

spaces bulging, diameter exceeding right side by one inch, heart entirely to the right of sternum,—cough very slight, breathing not affected. Told patient that the side was filled with fluid; after thinking of it a little, he said he had at times called that side his “turtle shell” from the sensation of stiffness.

The tympanitis soon became very urgent and dyspnoea was a result,—as a last resort, after consultation, drew off five pints of a reddish fluid by paracentesis.

Rallied a few days, but finally sank.

Autopsy. Raised the sternum and dipped nearly one half pail of fluid from left side,—lung bound down to its origin in less compass than the closed hand would occupy, stuffed with tubercle;—heart bound fast entirely to right of sternum, healthy,—right lung healthy,—did not open cavity of the abdomen. Can the presence of tubercle be discovered before death in such a case?

April 1, 1851. Was called to see G. W., æt. 38,—rather plethoric. From the expression of the face I suspected disease of the heart,—complains of dyspnoea,—diagnosed hydrothorax of right side. The family is phthisical. I treated the case as is common, without reference to the strumous condition which existed. After three weeks, consulted with the gentleman who had treated the former case; he diagnosed “Milli’s Asthma.” As my treatment was useless except to make the patient comfortable, I was quite willing to resign it. No benefit resulted from his treatment, and two subsequent consultations with other gentlemen confirmed my opinion.

General anasarca followed,—the chest filled up, the patient’s legs burst, and the last time I saw him the water was running across the floor from them.

3d Case. Female, æt. 31,—strumous habit; fluid occupied left side, to the entire exclusion of respiration, below the space between second and third ribs. From the unfortunate result of the former cases I varied the treatment.

Externally used tinc. iodine freely, and to soften the cuticle, bathed it with cod liver oil; applied a succession of blisters, by means of strong aqua ammonia, a little to the left of the spine. Internally, hyd. potash 9 grs. each day; cod liver oil 3i three times a day for two weeks, patient disliked it so much discontinued

it; gave some sweet spt. nitre and Prof. Mettaner's aperient solution (Braithwaite's Retrospect, part 23, p. 300,) for the bowels, —muriated tinc. opium, to quiet irritation.

The last time I saw patient the breathing was going on very well as low as the 5th rib, she was employed with light work, and soon went East.

I have at present a fourth case, a man; the family had nearly all died of consumption in Maine. Now, after three weeks' treatment, similar to case 3d, his general health is improved but the physical signs are no better; above the third rib the sound is very resonant, the respiration is jerking. Shall I infer the presence of tubercle from this sound? Does the fluid contained in the cavity below the third rib modify these sounds? If not, I may infer the presence of tubercle.

In all the cases of this disease I have seen, I have inferred the presence of tubercle, but it has been inference without positive proof; in a case of pure phthisis we suppose we have positive proof of the condition of the lung, but with the accumulation of fluid these proofs, to me, become uncertain; and to commence what will commonly be a long course of medical prescribing, without a tolerably certain knowledge of the cause of the difficulty, is anything but pleasant. We treat the effusion as a disease *per se*, after having diagnosed its presence. If we would enquire for its cause, and pay more attention to that, perhaps the reproach, that chronic hydrothorax is almost invariably a fatal disease, might be made with less justice.

MARKESAN, Wis., June 30, 1852.

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ART. II.—*Successful Removal of a Foreign Body from the Knee joint—Anomalous Character of the Same.* By J. WASHINGTON SMITH.

IN June 1851, I was consulted by Mr. R. M., æt. 22, a farm laborer, and otherwise healthy, in regard to a difficulty of the right knee joint. The patient stated that for some months previous something had appeared to "catch," as he termed it, in the joint while using it, causing excruciating pain, followed by inflammation, swelling and weakness of the joint. The peculiar "catch," had only existed for a few months, but the patient says, "the knee has

been a little weak and swollen at times, ever since it received a severe wrench, during a 'scuffle' some four or five years previous." Recently he had perceived a loose body, "at times something like a bean," on each side of the patella and at other points, which was freely moveable and would easily slip into the joint. At times it was readily detected, at others it was difficult or impossible. The knee was considerably enlarged, as from chronic thickening of the synovial membrane, and painful to the touch in places.

*Diagnosis.*—After the above history, and manipulating the joint so as to bring the foreign body within reach, I did not hesitate to pronounce it a case of *loose cartilage* within the joint.

The probable cause, nature, course, usual treatment, &c., of such cases were fully explained, and the patient dismissed with the advice to seek older and more experienced counsel, but not to think of an operation, unless it should become more serious, and then not until a trial had been made to "fix" it outside, or else to prevent its escape from within the joint.

At my request the patient called occasionally to report his condition. After a time he acquired such dexterity as to bring the foreign body outside the joint almost at pleasure.

After September, '51, was not able to attend regularly to his occupation; and as the joint was evidently becoming more thickened and stiffened from the continued irritation to which it was subjected, —efforts were made to "fix" the cartilage (as I still supposed it), by pushing it as far away from the joint as possible, in one of the synovial pouches, by the side of the patella, but it was found upon repeated trials that it could not be confined *in situ* by any amount of pressure which could be borne, so as to allow any motion of the joint. Efforts were also made to confine it *within* the joint, but with only partial success, while the cause of irritation was sure to be at work.

There now appeared but one other chance, viz., an operation, and this, owing to the state of the joint, it must be confessed, was not very promising. The almost certain result of the case as it *was*, together with the *probable* and *possible* consequence of an operation for the removal of the offending body, were again fully and fairly stated to the patient and friends. Dr. Almiron Fitch



of Delhi, distinguished for ability and experience in his profession, was also consulted and coincided fully in the opinion given.

*Operation.*—In March, '52, I was requested to remove the foreign body by operation. Having enjoined rest, low diet, and occasional purgatives during the preceding week, on the 10th inst. I proceeded to remove it—Dr. Fitch, from whom I received valuable assistance, kindly consented to be present. Some delay and difficulty were experienced in fixing the body externally to the joint, and in the position desired, viz., upon the inner condyle, without occasioning too much motion of the joint. The integuments were then drawn tensely forward, (nearly one inch,) while the cartilage(?) was firmly fixed by the fingers of an assistant. A longitudinal incision, three-fourths of an inch in length, was then carried through the integuments, directly upon the cartilage(?) but as it could not readily be removed, a second incision was made so as slightly to enlarge the opening, when, with a tenaculum, it was removed with some difficulty, owing to the thickened state of the integuments and the unexpected *hardness* of the supposed cartilage. In form it much resembled an almond,—was eight lines in length, six broad and four in thickness,—and was completely enveloped in healthy appearing cartilage. Its substance was evidently *osseous* or *calcareous* but unfortunately (and contrary to agreement,) it passed out of my possession before I had an opportunity of subjecting it to any chemical or microscopic tests.

The hæmorrhage was slight and soon ceased, when plasters were applied so as to nicely close the incision; a compress was carefully adjusted so as to securely close the *valvular* opening, and over these a figure of 8 bandage; the whole being completed by a long splint to the outside of the limb, secured by roller, except over the knee, nearly preventing all motion of the joint. Water was applied several times a day and was the only application. There was a slight exudation of serum, but none of synovia. The diet was light for a few days, and small occasional doses of pil. cath. comp. and pulv. jalap. comp. were given to procure the regular evacuation of the bowels. Union was secured partly by first intention, and partly by what is called by Macartney the *modelling* process, i.e., without suppuration. The case was closely watched, and there was no inflammation at any time. After

a few days the patient sat up part of the time, but the plasters and splint were not dispensed with until the thirteenth day, when the wound appeared completely united. A compress and figure 8 bandage were continued, and directions given to use and flex the limb but slightly; but from that time he began and continued to go about. By the 15th April there was only a slight weakness and some stiffness upon flexing to an acute angle. At the end of six weeks he was attending to his ordinary occupation, and was able to join, as he was wont to do, "in the giddy mazes of the dance."

*Remarks.*—The operation by subcutaneous incision, as proposed by Prof. Syme and M. Goyrand, was hardly practicable, owing to the thickened state of the integuments, though it would in most cases greatly lessen the danger of subsequent inflammation. Wounds penetrating the cavities of joints, especially the larger, have ever and justly been the dread of surgeons, and the common result an opprobrium to the healing art.

This case is a striking illustration of the importance of *perfect rest* (of the joint) and a simple but not *too* antiphlogistic treatment in wounds and injuries of joints; though in regard to the latter the previous habits should be our guide. Here there was evidently a *want* of action, and though the diet was light for only a few days, had it been more generous, I am satisfied complete union by first intention would have taken place, a most desirable result in wounds of this nature.

The history will doubtless satisfy some minds that a *fragment* of bone was nearly or quite detached at the time of the injury mentioned; but to my mind it is not so conclusive. A section of one end of the foreign body revealed a hard, friable substance, more resembling calculus. But was a calculus ever completely covered with healthy looking cartilage? If so, it is a most remarkable provision of nature to prevent injury to the joint. May not a peculiar abnormal state of the synovial membrane, from any cause, give rise to an adventitious growth or deposit in the synovia as well as in the other fluids of the body? Loose cartilages and calculous concretions in joints, are not very unusual, but I do not recollect any account of a foreign body in the cavity of a joint, similar to the present.

The patient consulted different surgeons, to whom he stated the symptoms and diagnosis; but it is a curious fact that none of them at the time ever detected the foreign body, (though part were satisfied of its existence,) and at one time, believing it a case of chronic synovitis, counter irritants and ung. iod. comp. were freely applied with the view of procuring absorption!

EAST FRANKLIN, DEL. Co., N. Y., July, 1852.

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ART. III.—*Observations on some Peculiar Varieties of "After Pains."* By C. JOEL HENDRICK, of Auburn, Ind.

It is well known to physicians, that, after parturition, females are subject to periodical pains, which resemble, in some respects, the pains of labor, and are induced by the further contraction of the uterus after its contents have been expelled. These pains sometimes continue several days, and are very distressing to the patients, insomuch that it frequently becomes necessary to subdue or palliate them by the administration of medicine. Generally, opium or some of its preparations in full doses will arrest them promptly; but, from my own experience and observation, I am induced to believe that opium is too frequently given in cases where periodical pains occur soon after parturition, without a due consideration of the *character* of the pains. To confirm this opinion I will cite the following cases:—

CASE 1.—Mrs. Brown, a very robust and healthy woman, was delivered of her first child in the spring of 1848. Nothing worthy of note occurred during the labor, and when I left the house, which was soon after her delivery, she appeared entirely comfortable. About four hours afterwards, however, I was again summoned to see her, and found her laboring under very severe pain, which recurred at regular intervals like ordinary after pains. As there was also occasional syncope with a frequent and feeble pulse, I was induced to examine the condition of the uterus, per vaginam. On attempting to examine the uterus, I was surprised to find the vagina much distended by an immense and very firm coagulum, which I immediately broke up and extracted. No hæmorrhage followed the extraction of the coagulum, and the pains immediately ceased.

CASE 2.—I was summoned in haste on the morning of the 4th January, 1850, to see Mrs. Williams who was reported to be in labor, under the care of Dr. E———. I arrived at the house about two o'clock, A. M., and found the woman suffering from very extreme pain, though she had been delivered, I was informed, about an hour before my arrival. The pains were decidedly periodic, though not at any time entirely absent, and were described by the patient as much worse than the pains she had suffered during labor. Dr. E——— informed me that the after pains, as he regarded them, had set in soon after the delivery of the placenta, and as they were unusually severe he had given a very large dose of morphine, which, however, had produced little or no impression upon them. I suggested the propriety of examining the condition of the uterus, and was requested by Dr. E——— to make the necessary examination. On introducing my hand I found protruding through the os uteri, to the extent of an inch or more, a substance which was highly sensitive to the touch, and which I concluded was the fundus of that organ. I therefore made firm pressure upon it, in consequence of which it suddenly receded within the os, upon which the pains *immediately* and *entirely* subsided.

In both the foregoing cases it is obvious that opium, to whatever extent its administration might have been carried, could not have afforded any material relief.

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ART. IV.—*Case of Uterine Hæmorrhage, consequent upon want of Contractile Power in the Uterus, terminating fatally.* By A. M. DUNTON, M. D., of Plover, Wis.

ON the 9th June I was called to see Mrs. W., aged 20, in her first labor. She had been in labor forty-eight hours, during most of which time her pains were reported to have been active, and her delivery was expected to be speedily accomplished. She had made great exertions to help herself, and had been encouraged from time to time till she was exhausted, and the pains had nearly ceased. Up to this time she had been attended by an old lady, who said she had done all she could and desired that a physician should be sent for.

On the evening of the second day I was sent for, and having

fourteen miles to ride in a dark and rainy night did not arrive till about midnight. I found the woman complaining of much uneasiness and languor, some pain in the back, and suffering from retention of urine,—pulse 90, with thirst and pain in the head. On examination, I found the uterus dilated, the crown of the head resting on the symphysis pubes, the face to the sacrum, the membranes entire, although the woman said the water had broke the day before,—the vulva hot, dry, tender, and swollen. By raising the head with the finger she was enabled to pass a large quantity of urine, and by a little exertion in the same way, the head was reduced to nearly a natural position. After this much of the uneasiness abated, I recommended some nourishment, plenty of cool drink, the avoidance of all exertion, rest, and, if possible, sleep. During the remainder of the night she slept but little,—had no pain except some back-ache. At eight, A. M., she complained of pain in the head, which she said had been severe the day before; I then took from the arm eight ounces of blood, which relieved the head and produced more perfect intervals of rest, so that she slept occasionally; and, although she had no pain that seemed to exert any force upon the child, still in the course of the day the head descended to a level with the os externum. I now steeped one dram of pulverized ergot in a tea-cupful of hot water and gave it in three doses, at intervals of twenty minutes. This produced no effect in increasing the pains, though followed by some degree of exhilaration. After waiting an hour or more there was less complaining than before. She now urged me to give her something to make her sleep, and as there was only an indefinite uneasiness and an occasional powerless effort to bear down, I gave a dose of morphine, which produced much incoherent talk and a disposition to change her position, and, after a time, a little sleep. At three o'clock, the following morning, it became apparent that her strength would not last much longer, and as there was no prospect of pains, I proceeded to deliver. After the head was released I gave ergot ʒj in an ounce of hot water, and two spoonful of brandy, designing to wait still longer for contractions of the uterus; but in this situation she could not be controlled, and at four o'clock she was delivered of a large child, which no doubt had been dead for some time.

She was now free from pain and uneasiness, and expressed her gratitude for what had been done. I directed the application of cold water to the abdomen, and immediately introduced my hand into the uterus, carrying a cloth saturated with spirits and cold water with it; but, notwithstanding all the means used, such as friction, and compression of the aorta, as effectually as possible, she died at sunrise without a pain. The uterus as large as before delivery and nearly filled with blood.

Thus I have given a simple history of the circumstances, treatment, and result of the case; with the hope that any of the profession who may find aught to condemn in my practice, or anything to suggest in the treatment of a similar case, will frankly communicate the same.

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ART. V.—*Case of Strangulated Hernia, not attended by the usual symptoms.*  
By SAMUEL W. RITCHEY, of Newtown, Ind.

I WAS called to visit a Mr. Philips, of our neighborhood; a slender and rather feeble man, of from 60 to 70 years of age. I learned that he had vomited and had taken some cathartic medicine, which had not operated. Not being able to visit him immediately, I sent him another dose of physic which, on visiting him in the evening, I learned had operated partially. I found him cold, stomach somewhat irritable, the pulse not very frequent, and tongue covered with a rather thick, yellowish coat; with a burning sensation at the stomach. He had been up several times, but had had but slight evacuations of the bowels. My attention was somehow called to a small tumor in the groin, which he called a "waxen kernel," but which I suspected to be a hernia. He said it had been there at times for twenty years; had never entirely disappeared, but would vary in size; on lying down, even, it would not disappear, but would get less. I doubt whether the old gentleman recollected, clearly, its history. He remarked, "that when he was out of health, it would get larger and pain him a little." It was hard and quite moveable, but not painful. I handled and compressed it, rudely as I thought desirable for any needful end, and as skillfully as I knew how, with a view to return it to the abdomen, in case it were a hernia; he made little or no complaint.

He said when he was first taken it had been somewhat painful. I was in doubt. If a hernia, it did not appear as if strangulated; although from the account given and the effort made, it might be irreducible. Another thought which struck me at the time was, that if strangulated, mortification might have taken place. In the darkness of the hour I ordered anodynes, to allay the irritability of the stomach, and cal followed by oil, to move the bowels; and left. The next morning, Dr. Cole visited the patient with me. He had not vomited through the night, but a little previous to our visit, had thrown up some chicken soup he had swallowed. Injections, in addition to the cathartics had been given, but still the bowels had moved but sparingly. He was still cool; no pain; hiccup had been almost constant all night. It might have been present previous to my former visit, but this I did not learn. The tumor was again examined, but no further light could be got. The idea of a misplaced or extra testicle was suggested, but could not be made out. No pain complained of, even on pressure. The patient declared more than once during his illness, that he had no idea the tumor had anything to do with his sickness. The symptoms remained much the same; the coldness and hiccup continued, the eyes watery, pulse intermittent and hurried. Stimulants internal and external, and antispasmodics, were administered to no purpose. He died about two days from the time I first saw him. A post mortem made the day following, revealed a strangulated inguinal hernia; the intestine mortified and nearly detached at the point of stricture. Dark spots were also observed on different portions of the peritoneum and intestines.

Was there strangulated hernia without pain or uneasiness in the tumor or abdomen, followed by mortification? or was the stricture so complete as at once to cut off sensibility in the part? or could it have been a case of rapidly sinking fever, with simultaneous mortification in the protruded intestine? In other cases of strangulated hernia which had come under our observation, the pain was urgent, and the relief obtained from faithful taxis most complete. If there had been pain or tenderness, we should have come to the conclusion positively, perhaps, that it was a case of hernia; but in the absence of the common symptoms, we could not but be in doubt. The strong probability is, that the mortification had



been the result of the first day's, perhaps the first hour's, sickness; and that the case, so far as relief could have been rendered, was ended before we visited the patient; some of the prominent symptoms of mortification being present. Some might ask, why did we not resolve the doubt by cutting down upon the tumor? We answer, the doubt, only, would have been settled. The symptoms in the case did not seem to call for the knife; for who would operate in the absence of pain, with cold skin and constant hiccup?

## SELECTIONS.

From the American Journal of Medical Sciences.

*On the Treatment of Cancer by the Lactate of Iron, taken by the mouth and injected into the veins.* By DANIEL BRAINARD, M. D.

ABOUT two years since, I communicated to Prof. Mussey, chairman of the Committee on Surgery of the American Medical Association, some reasons which I had for supposing that the lactate of iron was possessed of more influence over cancer than any other medicine yet known.

I have, since that time, had occasion to prescribe it often, with results which, while they confirm the views expressed in regard to its efficiency in checking it, have not shown that it was capable of entirely curing it. This result was to me neither surprising nor discouraging, as I have already formed and expressed the opinion, that to effect a cure, "the whole of the solids and fluids of the body must be brought under its influence." That this is not effected by the simple introduction of medicines into the stomach, is sufficiently obvious, and indeed to be expected, since the medicine, used in that way, is subjected to the action of the same nutrition and absorption under the influence of which the disease has originated. It is necessary to go behind this; and one of the means of doing so is by injecting it into the veins. It is only recently that I have had an opportunity of putting this method to the test of practice.

CASE.—Dec. 14, 1851. W. H. Plum, æt. 56 years, Englishman, applied to me on account of a tumor of the left orbit.

He gave the following history of his disease:

"About twenty-five years ago he had a disease of that eye, called by his Physician cataract, which entirely destroyed the vision, but for which no operation was performed. About five years ago he received an injury of that eye, from a stick striking against it, which was slight, and gave but little pain. About seven months after this blow, he noticed a tumor, no larger than a pea, at the inner canthus, 'sending off roots into the eye-ball.' At this time the tumor and eye-ball were removed together by Prof. Smith of Baltimore. The wound cicatrized well.

He remained in pretty good health about four years, when a tumor made its appearance at the lower and inner part of the orbit, which in eight months attained the size of a large hickory nut. It was then operated upon again, but at the end of about six weeks recommenced to grow, and at the time of this examination was of the size of an orange, filling up the whole of the orbit and

projecting in front of it. Its surface was nodulated, elastic, pulsating, ulcerated to a great extent, and from this point there oozed a bloody serous fluid. He was thin, but not sallow; and his health was not very much impaired. He complained, however, of acute lancinating pains through the orbit and head.

16th. Extirpation was performed in presence of the hospital class. It was found so firmly attached to the lower part of the orbit, that it was necessary to remove the periosteum with it, and at the back part it could not all be removed. There remained a muscular mass, which bled profusely, and which was so soft as to break under the forceps or tenaculum. After several ineffectual attempts to apply a ligature, the actual cautery was resorted to and succeeded. The wound was dressed with lint. No inflammation followed. There was a copious discharge of red serum for a day or two, which gradually became yellow, and afterwards changed to pus. He was put, from the day of the operation, on the use of lactate of iron gr. v, three times a day in solution.

31st. Injected into his veins f 3 j of the following solution:

Ferri lactis,            gr. viij  
Aq. dist.,               3j

Jan. 3, 1852. Injected 3ij of the same solution.

6th. f 3 iij thrown in.

14th. 3 ijss injected.

22d. 3ij.

26th. 3 ij.

28th. 3 ij.

Feb. 3d. 3 ij injected. 9th. 3 ijss.

During the whole of this time the wound cicatrized rapidly. At first luxuriant granulations sprang from the surface, which were repressed by the application of nit. silver. Lancinating pains continued for some time, but gradually diminished, and at length subsided.

In six weeks from the operation the cicatrization was nearly complete. In eight weeks he returned home perfectly well.

The question, whether the diseased mass was a cancer, I do not hesitate to decide in the affirmative. Its history and appearance sufficiently indicate this; its interior perfectly resembled the brain of an infant in a vascular state, and under the microscope it exhibited the most perfectly formed cancer cells. Dr. Johnson, resident physician, fully coincided in this point.

Whether it would have cicatrized without the use of the lactate of iron, cannot be determined with the same degree of certainty. Taking into consideration the return, when last extirpated, with the fact that it was afterwards impossible to remove the whole of it, I think the probability of obtaining cicatrization by ordinary means was slight. I should not, however, have thought of performing, or attempting extirpation, but that the patient, who is

intelligent and trusting, expressed his desire to be submitted to the treatment, when it was explained to him.

I am aware that many surgeons, under the influence of preconceived opinions, may regard such treatment as hazardous. I had fully convinced myself that such was not the case. I have repeatedly thrown gr. x lactate of iron, imperfectly dissolved in an ounce of water, into the veins of a small dog, without producing in any case peculiarly bad results.

It will be seen that gr. iij was the largest quantity thrown in at a single time. It was passed in gradually and cold, and as soon as sensible effects were produced, it was stopped. The effect noticed was a flush of the face, a fulness of the veins of the head, and a tendency to sneeze, which all passed over in a few seconds. The circulation otherwise was unaffected. If the case had not progressed favorably, and it had seemed advisable to change the nutrition more profoundly, I would have had the solution warmed and put it in slowly until its effects were perceptible; then allowing it to pass over, have repeated it as far as appeared safe.

Up to the time of his departure, the injection had been performed nine times, and grs. xix in the aggregate injected. When the activity of the salt is considered, it will be conceded that such a quantity is capable of having an effect on the system, by being thrown into the blood.

In addition to that, he has during this period of eight weeks, taken 3 xix of the lactate by the mouth; to what extent this may have been absorbed and carried into the circulation, or what changes it may have undergone, it is impossible to determine.

In case of a cancerous disease seated upon an extremity, I should, in addition to the two methods of administration resorted to in this instance, infiltrate the whole of the diseased and the healthy tissue about it with a weak solution of the medicine. This can readily be effected by putting a ligature, moderately tight, about the member, until it becomes œdematous, when, by the aid of frictions, the infiltration and maceration may be effected.

I had omitted to mention, that all the injections were made into the veins at the elbow.

In submitting this case to the profession, I am far from claiming for it any merit which it does not possess, or drawing inferences which no single case could warrant. It is offered as an evidence of the practicability and safety of maceration through the medium of the blood, systematically pursued with active substances, and to invite attention to other means of treating this inveterate disease than those which hitherto have been admitted by consent to be unsuccessful.

Chicago, February 21, 1852.

From the American Journal of the Medical Sciences.

*Case of the Resection of the Superior Maxillary and Malar Bones.* By DANIEL BRAINARD, M. D., Prof. of Surgery, etc.

I was consulted, Oct. 17, 1851, by Caleb Inman, a highly respectable citizen of Wisconsin, residing near Beloit, about a tumor on the left upper jaw. It projected in front below the eye, where there was an ulcerated surface; downward into the mouth, where there was an opening discharging pus and serum; it encroached upon the mastoid, from which there was a discharge of mucus, and projected outwardly beneath the zygomatic arch.

It commenced about eight months previously with a discharge from the nostril. Soon after a tumor appeared beneath the eye, which ulcerated or was opened; it next encroached upon the mouth, and when the teeth fell out, a discharge from the antrum took place. Its growth has been rapid, and attended with much pain.

The patient was sixty years of age, and his health was somewhat impaired.

The treatment had consisted of applications of nit. silver to the ulcerated surface, injections of a solution of it into the antrum, and the iodide of potassium, in solution, given by the mouth.

The operation for its removal was performed Oct. 18, 1851, in presence of Drs. Rutter, McArthur, and several other physicians and students.

The tumor was uncovered by an incision extending from the nose to the zygomatic arch, and another from it to the angle of the mouth, and dissecting up the flaps. The palate portions of the superior maxillary and palate bones were divided by a meta-carpal saw, carried into the nostril; the nasal process of the superior maxilla, the connection of the frontal and malar bones, and the zygoma were separated by bone scissors. This loosened the mass, which was so much softened that its removal was completed by the knife.

The hæmorrhage was copious, and required ligatures to be placed upon numerous enlarged branches of arteries.

It is scarcely necessary to add, that there was great depression resulting from the operation.

The wound having been filled with balls of lint, stitches were applied to the flaps, and the patient put under the influence of opium in full dose.

In aged and debilitated patients always, and in others much depressed by formidable operations, I am in the habit of giving immediately and continuing not only soups and farinaceous drinks, but saline food and stimulants. Chicken broth, which contains two per cent. of animal matter to ninety-eight of water, is insufficient; good porter or brandy and meat are necessary.

Under the use of this treatment my patient convalesced without

a bad symptom, and in twenty days was able to return home. I have received a line from him dated April 3, 1852, which states that his health is good.

On examining the tumor it seemed to be composed of a congeries of mucous follicles resembling the tonsils, the bony structure being entirely destroyed. It presented no trace of cancerous tissue, and no cancer-cells were detected by the microscope.

CHICAGO, April 27, 1852.

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From the Ohio Medical and Surgical Journal.

*Democracy and the Doctors.* By R. H. PADDOCK, M. D. Cheshire, Ct.

It is a commonly received opinion, that the old forms of government, being patriarchal in their character, and celestial in their origin, are favorable to the cultivation of the liberal arts and professions.

It is also just about as commonly supposed, that democracy can appreciate only that which is of obvious practical utility, and affords little countenance or protection to amateurs in literature or art, or to those engaged in the practice of the learned professions. A single individual, as a king, or a single and comparatively small class of persons, as an aristocracy,—having had the best of instructors and the most ample facilities for the acquisition of all useful and elegant accomplishments,—must surely better understand, and more safely guard the interests of learning and the learned; must more readily detect, and more profoundly abhor, all schemes of quackery and imposture, and will more effectually crush them, at a blow, than can be expected of a whole people, of all conditions—whether of fortune or misfortune. On the other hand, the very notion of liberty implies the toleration of manifest evils, and opens the road to eminence in all that is hateful and degrading, as well as in all that is lovely and exalting.

Now, we doctors see and feel so much of the *intolerable* impudence, conceit, and ignorance of *tolerated* quacks, that we are sometimes tempted to abjure our own political creed, and go back to the hated and antiquated forms of absolutism—seeking, under the iron wand of despotism, protection for ourselves, and vengeance on swaggering charlatanry. But alas! in this day to whom shall we go? To the leagued tyrants of continental Europe? All the beauties of absolutism, *in the abstract*, celestial in origin, as it *might be*, tender and parental, as it *should be*,—vanish at a glance of these miscreant ministers of an angry God! But, upon a “sober second thought,” were despots less despotic, and tyranny even tolerable, we would not invoke its aid. Medical quackery has its cause and cure in something back of all forms of government; and, though sometimes not allowed to be practiced openly,

it nevertheless insinuates itself into all States, however ruled or misruled.

A very common and very erroneous notion in reference to the nature of disease, furnishes those who have more brass than brains, with an opportunity to mislead a multitude to their own hurt. It is something like this: Every malady is distinct in its nature; well characterised; of specific form, and requiring a specific mode of treatment.

The doctor is expected to recognise diseases as readily and as certainly as the naturalist does plants and animals, and to apply to each the specific remedy which nature has provided. According to this simple and beautiful theory the practice of medicine should be a very easy and satisfactory business, and the doctor should be certain death, not only "on fits," but also on disease itself.

A good practical illustration of this notion is seen in that system of seething, spewing, and injecting, known as the Thomsonian. The semi-civilized discoverer of the wonderful secrets that heat is life and cold is death; that every substance should come out of the body through the same channel by which it enters it; and, that red pepper and lobelia, administered hot to both extremities of the body, will drive out the seeds of all disease, viz.: cold and canker—commenced his original treatise on the healing art by advising all men to shun the lawyers, the doctors, and the ministers of religion. The remainder of his book is a worthy commentary on the text, and like Joe Smith's Bible, finds those in every community, who are captivated by its vulgarity, and enlightened by its profound revelations.

There is something attractive, too, for a certain class of persons, in the operations of the Thomsonian doctor. His is no light duty—no easily earned reward! he throws off his coat, rolls up his sleeves, and swelters, for hours, over a steaming caldron of concocting boughs and herbs. The huge bowls of hot drinks, the bath frames covered with woolen blankets, and the red-hot, hissing stones, all show that something is to be done effectually, and that either the disease or the patient must yield before this formidable enginery.

Now, it is neither the highest nor the lowest portion of our race in point of intelligence, that is imposed upon by such theory and practice. Those nations which have undergone the process of calcination and calcitration, through the wickedness of the irrulers, till they can not, or dare not, aspire to think for themselves upon any subject, make the very best class of medical patients. They surrender their bodies to the legitimate doctors, and their souls to the lawful priests, to be healed of their respective maladies with an equally blind and unwavering faith in both. It is when the human mind has been released from the bondage of ignorance and oppression; when some straggling rays of light begin to fall, and it



begins to put forth its early and uncertain efforts in speculative philosophy, that it embraces such crudities.

What wonder if, in the twilight of their mental illumination, when men have acquired just that "little learning," which is always a "dangerous thing," in speculating about doctoring themselves, as well as about governing themselves, and acting for themselves in every capacity—they should often adopt undigested schemes of corporeal, as well as of spiritual salvation? What wonder that their inexperienced ears should listen to the noisy quack, pasted all over with glaring certificates and lying advertisements?

Another form of medical imposture, more refined in its character, and perhaps quite as extensive in its influence as the preceding, owes its origin and advocacy to minds of a contemplative and visionary mould. These are found in the ranks of the most refined, intelligent and virtuous, and when controlled by a powerful judgment, as was that of Columbus, are often among the most distinguished of our race. Affluence and independence, or at least a condition of life exempt from the necessity for physical labor, are almost indispensable to the formation and cultivation of such a mental habit. The man who earns his daily bread by daily toil, has little time or inclination for day dreaming; while the student, the cultivators of science, art, and the learned professions, are quite liable to fall into speculating and theorizing.

Even the despicable tyrant, who enchains the bodies and minds of the great mass of his subjects, will sometimes foster the spirit of speculative philosophy, or of devotion to the fine arts. He is willing to engross the minds of the contemplative with such topics as can have no practical influence to enlighten or elevate the people, and for this reason he has sometimes been hailed as the patron of all liberal learning.

The medical hallucinations of these transcendental philosophers, like all their ethereal lucubrations, are wonderfully exquisite and pseudo-logical. Their thread of ratiocination is microscopically attenuated, and their deductions are the doubly-refined extract of nonsense.

At one time they inform us that a wet sheet, wrapped around the human body, will certainly absorb the active elements of any disease; while a little Croton water, introduced within the body, is far more powerfully curative than Croton oil. At another time we are gravely told; that any cause which can derange the delicate mechanism of the human system, is itself the proper means of cure; and hence a sledge hammer is a fit tool to mend a broken watch; and also that the less is more powerful than the greater, of the same kind; and hence that nothing at all is absolutely omnipotent.

Furthermore—if any man doubts the truth of these startling

propositions, they can be verified by thousands of testimonials, and by actual experiment. This can not be said of the propositions of Euclid—so away with your mathematics, and give us the documents!

Doubtless there are other forms of medical imposture, dependent upon other peculiarities in the constitution and condition of the human mind. These it is not my present purpose to exhibit, but rather to infer from what has already been said, that the sources and the remedies of charlatanry, are not to be sought in the forms of government; or in legislative enactments. Doubtless these have an important influence in the determination of mental conditions and characteristics; but men cannot be cured of ignorance or insanity, nor can they be endowed with a truly enlightened understanding, and good practical common sense, by the force of law. All experience shows that neither our moral nor our physical maladies are likely to be better healed when under the care of the State, than when left to the care and the conscience of the individual patients themselves.

Much then, as we are scandalized by the wide-spread medical quackery of our time and country—much as we deplore its soils, abhor its impudence, and despise its flimsy sophistry—still, we shall do well to adhere to our democratic notions of government—giving the fool full liberty to preach folly, and his hearers abundant permission to trust in him.

What then? can no remedy, no alleviation be devised? Yes; let us follow the advice of the old Latin poet, and pray for “a sound mind in a sound body,” and let us accompany this prayer by such efforts as are suited to the fulfilment. Let all our States, and all our smaller communities adopt the well-known and approved methods of education; and let every species of useful information, practical, scientific, and professional, be as widely disseminated as possible. Let us also remember that, for this life at least, men have *bodies*, as well as *minds*, and that they sympathise so extensively with each other in their growth and development, disease and decay, that whatever measures are adopted for the spread of virtue and intelligence, as well as for the alleviation and cure of disease, should have an adaptation to both a physical and a mental constitution.

Great intellectual advancement might be realized through the same means that we employ for the improvement of the brute animals; but though we may not regulate or restrict the license to increase and multiply, yet one thing may and should be done in this direction. It is a fact as universal as it is lamentable, in this country, that our native, and more attractive and intelligent females are sadly debilitated and degenerated in bodily constitution; and I need not say that this must unavoidably work the deterioration of our whole people—first physiologically, then mentally and morally. Now, a glance at the flood of emigration pouring into

this country shows that this evil is artificial and may therefore be exterminated. Our own progenitors, on the other side of the Atlantic, are comparatively exempt from it. Let us but adopt the better portion of their hygienic regimen, especially their custom of daily and prolonged exertion in the open air, and I doubt not but that in a few generations we shall see more healthy mothers and fewer scrofulous children. This reform would be an important auxiliary in the great work of popular education and elevation, the only radical cure, not only for quackery, but also for all our ills—whether physical, mental, social, or moral.

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From Med. Gazette, Nov. 21, 1851, p. 874.

*On Bronchitis.* By Dr. R. E. Todd, F.R.S., Physician to King's College Hospital.

In a first attack of bronchitis, the lungs are not altered in structure, or the chest in form; but after repeated attacks both are affected in a manner which I shall presently describe to you.

It is remarkable that in these cases we always find that the expiratory sound is more or less prolonged; in some instances a long and somewhat sharp wheeze forms the sound of expiration, which at times is as long and even longer than the inspiratory sound.

In the normal state of respiration you know that the chief sound is that caused by the ingress of air into the lungs, or the inspiratory sound, and that the expiratory sound is so slight that it is scarcely appreciable, and, indeed, in most instances, is inaudible. This is doubtless owing chiefly to the extreme rapidity with which the lung, by its elastic reaction, expels the air; and partly, perhaps, it may be due to the great softness of the pulmonary tissue, which makes it an imperfect conductor of sound. When, however, the bronchial membrane is thickened by inflammation, and the tubes narrowed by the same cause, and their canals impeded by mucus, the air passes out of the lung with difficulty, in consequence of the obstacle to its exit which it thus meets with. Moreover, the pulmonary tissue around the tubes is increased in density, and becomes, in virtue of that increase, a better conductor of sound, so that not only is the exit of the air from the lung much retarded, but its outward passage is rendered much more audible.

Such are the changes and physical signs which we find in the early attacks of bronchitis. But when there have been repeated attacks of this disease—and especially where these acute attacks have supervened upon a continuous chronic bronchitic state (if I may be allowed to coin such an adjective)—the lungs undergo very serious changes, which interfere greatly with their functional integrity and activity. These changes are of various kinds: some-

times one or more bronchial tubes are obliterated (as first, I believe pointed out by Dr. Stokes), and the pulmonary lobule or lobules to which they lead collapse from the absence of their usual distending medium, the air, and become more or less wasted. The adjacent tubes and their corresponding air-cells dilate to receive more air, just as the tubes of one lung would if the other were compressed by fluid, but probably to a much greater degree; and thus we may have in the same lung at parts a collapse and an atrophy of portions of the lung, and at other points expansion and permanent dilatation of the air-tubes and air-cells.

But there are other and more potent causes in operation to promote the dilatation of the air-cells and tubes. These are the disturbed state of breathing caused by the bronchial irritation, and more especially the difficulty of expiration, and the mischief done to the tissues of the bronchial apparatus by the repeated attacks of inflammation. Thus the bronchial irritation gives rise to a more or less asthmatic state, in which the inspiration is performed with considerable force, and that in a state of lung which is ill-suited to resist the pressure of the in-rushing air. The muscular fibres of the bronchial tubes must, by the repeated attacks of inflammation of the mucous membrane, be more or less weakened. Now, the most probable office of these fibres is to regulate the admission of air into the lung, and thereby to protect its delicate tissues against undue pressure, just as the muscular fibres of the arteries regulate the flow of blood into them, and to a certain extent antagonise the heart's force. Hence in an enfeebled state of this muscular apparatus the bronchial tubes will yield under the force of the inspired air, and become more or less dilated; and an undue quantity of air will rush in most abundantly at those parts where the muscles are weakest, and therefore afford least resistance.

Again, when the air has accumulated in the lung, it is with difficulty expelled. There are direct obstacles to its outward passage in the altered condition of the mucous membrane of the tubes, and in the accumulation of secretion in them. Moreover, the expelling force is in great part due to the reaction of the elastic tissue, which enters largely into the formation of bronchial tubes, and which invests the lobules of the lung. But the undue stretching to which this tissue has been subjected, not only from the forced inspiration, but from the detention of the air within the lungs, and the accumulation of mucous in the tubes, must, as the disease advances, more or less impair its elastic power, and therefore weaken the force which takes the most direct and the largest share in the process of expiration. Thus the longer the duration of the disease, and the more frequent the attacks, the more serious will be the evils which follow in its train.

You may readily gather from what I have already said what are the alterations in the lung which chronic bronchitis tends to pro-

duce. They are—first, the immediate changes, and, secondly, the remote ones. The immediate changes are those which affect the mucous membrane and muscular fibres of the bronchial tubes, as well as the tubes themselves; such as inflammation, thickening, altered secretions—perhaps even ulceration—and also more or less dilatation of the tubes. The remote changes are a still further dilatation of the tubes—a dilatation of the air-cells; and when that dilatation goes beyond a certain point, a stretching, and even a rupture of many of the bands of elastic tissue which are found in the lobules. This stretching of the bronchial passages and cells gives rise to a corresponding change in the air-cells, which exercises a very marked influence upon the capillary vessels of the lung, which, so far as I know, was pointed out by Mr. Rainey, of St. Thomas's Hospital. The expansion of the air-cells causes an extension of the meshes of the capillary net-work distributed upon and within them; and the rupture of many of the intersecting bands of fibrous tissue causes obliteration of their blood vessels. Thus the capillary system of the lung becomes diminished in its capacity, and thus is explained the fact long known, that emphysematous lungs are apt to be pale, and to look as if they contained but little blood.

Now, the state to which the lung is thus brought by a long continuance of chronic bronchitis, is that which we call *emphysema*, in which there is more or less dilatation of a greater or less number of air-cells, and a consequent diminution in the area of the capillary system belonging to them.

Chronic bronchitis, however, is not the sole cause of emphysema, although certainly the most frequent. That state of lung will follow repeated attacks of asthma; and it may be caused by great and prolonged efforts; and there are those who believe that it may arise even in the absence of any such exciting causes, in persons who have a certain constitutional weakness of the lungs, which may be inherited.

In both the acute and chronic forms of bronchitis one of the most valuable remedies is counter-irritation. This I employ very freely in these cases, not so much by blisters as by turpentine or mustard, and there is this great advantage in this mode of counter-irritation, that you can apply it frequently and at short intervals, and moreover it is immediate in its effects, whereas a blister takes several hours to produce vesication, and it cannot be speedily re-applied. Dry cupping is also a useful form of counter-irritation, and very applicable to such cases as I have mentioned.

Generally speaking, patients laboring under bronchitis, and especially those who have had many attacks, are not very tolerant of a depleting or depressing treatment. General bleeding by venesection is, in many instances, highly dangerous; topical bleed-

ing is borne better; when tried, only a small quantity of blood should be taken.

The medicines most applicable to these cases are those which produce a free diaphoresis, and expectorants, sometimes sedatives.

When the expectoration is viscid, and sticks to the tubes so as to make it difficult of dislodgment, great benefit often results from the cautious use of tartarized antimony in small doses; but this must be used only for a very short time, as it tends to produce a profuse watery expectoration, and very much to weaken the patient; as soon, therefore, as the very viscid character of the expectoration is overcome, it should be given up.

When you wish to promote expectoration without causing any undue increase in the quantity of secretion, you will find nothing better than ammonia. In bronchial catarrhs, if there be fever, it may be given freely with the liquor ammoniæ acetatis, and you thus get a copious diaphoresis also. I am also in the habit of using the chloric ether pretty freely in bronchial attacks, either alone or conjoined with ammonia. It is a valuable stimulating expectorant, and has some sedative influence likewise: if not given in too large a dose it is an agreeable medicine to take, and forms a pleasant ingredient for a cough mixture. The decoction of the polygala senega is much lauded for its influence on bronchial affections; I have given it very freely, and, except for its unpleasant taste, can find no fault with it, nor can I bestow upon it any very strong encomiums.

With the use of sedatives you require caution, especially with opium. Conium, hyoscyamus, hop, &c., are well borne on the whole; but nothing relieves irritable cough so effectually as opium; yet when there is much bronchial congestion, you will beware of using it too freely, as it unquestionably tends to increase that, and to endanger the life of the patient. On the other hand, when expectoration is free or too profuse, a moderate dose of opium often exercises the most beneficial influence, procures sleep, moderates expectoration, and relieves the cough. The reputation of the old paregoric elixir, modernised into compound tincture of camphor, is likely to last even through these days of scepticism.

In the more advanced stages, and especially if there be sweats, tonics are useful, and sometimes astringents containing tannin, or even the tannic or gallic acid.

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From the Buffalo Medical Journal.

*On the Bite of a Rattlesnake.* By S. W. WOODHOUSE, M. D.

I received a letter from my friend Lieut. J. C. Woodruff, in which he said that you would like to receive an account of the bite of the rattlesnake, and its treatment. The only case that has



come under my observation was unfortunately that of myself; this occurred whilst encamped at the Indian Pueblo of Zani, New Mexico.

The following is the extract from my journal:

Wednesday, Sept. 17, 1851. This morning Lieut. J. F. Parke, Top'l Engineers, U. S. Army, and I, were walking out to procure some specimens of birds, and when about two miles from the Pueblo, I came within a few inches of treading upon a rattlesnake, who immediately coiled himself up and got ready to strike; jumping back, I drew out my ramrod and struck him over the back with sufficient force to break it. Being a fine specimen I wished to preserve it without further injury, when placing my gun upon its head, seizing it, as I thought immediately back of the head, I picked him up, but unfortunately I had too long a hold, when he threw round his head and buried his fang in the side of the index finger of my left hand, about the middle of the first phalanx. The pain was intense, momentarily producing, as it were, a severe shock, and accompanied with much nausea. I immediately commenced sucking the wound, and at the same time got Lieut. Parke to apply a ligature round the finger to prevent the too rapid absorption of the poison. I then scarified it freely and continued sucking until I returned to camp.

A man that was with us at the time I sent immediately back to get some aqua ammonia fort., and meet us on the road, which he did when we were about three-fourths of a mile from the town. I applied it immediately to the wound. Mr. Kern hearing what had happened, returned with him, and he wished me to try, as he said, the *Western Remedy*, that is to say, get drunk. This I had often heard of, and I was determined to try its efficacy. He was supplied with a bottle of whiskey, which I immediately commenced drinking; by the time I had arrived at the Puebla, I had drank half a pint. Already the glands in my axilla were getting sore and painful. Took some ammonia internally, scarified my finger freely and held it in a basin of warm water, which caused it to bleed freely. Then commenced drinking *brandy*, at the same time held my finger in a cup of ammonia. It took one quart of fourth-proof brandy and half a pint of whiskey (enough to have killed a man under ordinary circumstances) to produce intoxication, which only lasted four hours. During my intoxication I vomited freely; soon after my recovery from this state I removed the ligature and applied a large poultice of pulv. sem. lini. That afternoon I took ammonia internally and some pills composed of mass hydrarg. et collycynth comp., to act as a cathartic. In the evening the pain in the axilla and finger was very severe; took pulv. doveri, grs. x.

Thursday, 18th. I passed a restless night without sleep, although during the night I took at least pulv. opii, grs. iv. This morning the pain in my finger is intense, and a well-marked line



of inflammation extends along the arm to the axilla. I had the entire arm and hand painted with tinct. iodine, and the flax-seed poultice renewed, commenced taking a solution of potassii iodidi as an alterative. The pills not having operated I took pulv. seidlitz, which had the desired effect. Diet, boiled rice. Several times to-day I tried to walk across the room, but each time would be seized with nausea and commenced vomiting. Took at bed-time pulv. doveri, grs. x.

Friday, 19th. I rested pretty well last night, but this morning my hand, arm, and the glands in the axilla, are much swollen and very painful.

Repeated tinct. iodine. Diet, boiled farina. Took on retiring, pulv. doveri, grs. x.

Saturday 20th. Passed a tolerable night, but my back is getting very sore, as the blankets on the stone floor make rather a hard bed. This morning the pain is very great, and the swelling down my left side as far as my hip. Renewed tinct. iodine. I am still attacked with nausea and vomiting on my attempting to walk.

I removed the skin from off my finger, and it discharged freely a watery sanguineous fluid without smell. The nail is becoming loose. The broad red line following the course of the lymphatic, is now filled with a yellowish serum. The point where the fang entered, for three-eighths of an inch in diameter, is of a dark brown color. Renewed the poultice. At bedtime took mass hydrarg. grs. v, pulv. doveri, grs. x. Continued potassii iodidi. Diet the same.

Sunday 21st. Passed a restless night, being much troubled with colic; took magnesia calc. et spts. menth pip., which relieved me, and not having my bowels open took pulv. seidlitz, which had the desired effect. Hand much swollen and filled with serum. Diet as usual.

Monday 22d. Passed a comfortable night. The swelling has left my side and arm, but little remains in the hand. I can now walk a few yards without being seized with nausea; have been sitting up most of the day. Continued potassii iodidi. Diet, mutton broth and farina.

Tuesday 23d. I awoke this morning much improved, the swelling and pain having left, with the exception of the finger, the first and second joint of which do not present a healthy appearance, the palmar surface having the appearance of gangrene, but the discharge is thin and watery, without smell. The granulations do not present a healthy appearance, they are rough, and many of them look as if they were sprinkled with yellow ochre. The nail is quite loose. Continued potassii iodidi. Diet, mutton broth, with a little of the meat.

Wednesday 24th. This day we commenced our march. I placed my hand in a sling and mounted my mule; found myself

rather weak, and the mule hard to manage with but one hand; the sun was rather hot, this, with the jolting of the animal caused me to suffer considerable pain; fortunately for me, after doing six miles, we encamped. I removed the nail. From this time on the finger gradually improved. I continued renewing the poultice daily until the last of October. In the meantime there was a large slough which gradually came away and left the last phalanx exposed in two places. The granulations required occasionally the application of nitrate of silver. After this I made use of dressings of cer. simplex. Continued carrying my hand in a sling until the middle of November. A new nail commenced growing and a sinus remained open in the end of the finger; upon the introduction of the probe into the latter, the bone could be felt quite rough. A discharge from this kept up until about the 7th of February, when I removed the exfoliation of the end of the phalanx, showing evidently that the fang had entered the periosteum. Soon after this the sinus closed, leaving the finger in a deformed state, ankyloses having taken place in the first joint. The circulation is very imperfect, one of the arteries being destroyed, which renders it very susceptible of cold. The insertion of the flexor muscle has also been destroyed.

I have heard of a number of rattlesnake bites, in all of which the patient recovered if they succeeded in producing intoxication.

Dr. Fischer C. Smith, of this city, accompanied Capt. French, A. Q. M. U. S. Army, to El Paso last year, and on their return one of the teamsters was bitten by a rattlesnake, he gave him nothing but whiskey, and in three days after he was driving his team. In this case it took three pints of whiskey to produce intoxication.

Should this brief extract be of any service to you, it is at your disposal.

ACADEMY OF NATURAL SCIENCES, Philadelphia, May 23d, 1852.

From the London Lancet.

*On the Use of Glycerine in the Treatment of Certain Forms of Deafness.*

By THOMAS WAKLEY, Esq., F.R.C.S., Eng., Surgeon to the Royal Free Hospital, London.

THE class of cases to which I would draw your attention in this report, are those of *cuticular* or *epithelial thickening* of the meatus, either *partial*, affecting the membrane of the tympanum, or *complete*, being continued over the entire auditory cul-de-sac. There is a greater or less degree of deafness, corresponding with the amount of thickening; cessation of the secretion of cerumen; frequently tinnitus, or a "singing and hissing sensation" in the ears, and tickling irritation of the meatus. The causes are, con-

stitutional predisposition, advanced age, chronic inflammation, long continued discharge following eruptive fevers and the application of escharotics and irritants. Amongst the latter, I would mention oily preparations, the globules of which adhere to the sides of the meatus or membrana tympani, and become rancid, thus producing a very frequent cause of inflammation. Upon examination of the affected ear, we find the meatus shining and inelastic, of a pearly whiteness, the membrana tympani either clouded or streaked, sometimes having small elevations upon it. The meatus is quite dry, the cerumenous glands being choked up by the epithelial growth.

The mode of application of the glycerine, when treating this state of the ear, is as follows:—The meatus is well cleansed with tepid water, and then dried by means of the forceps and cotton. Glycerine is now poured into the meatus, and a plug of gutta percha, softened in boiling water, made to fit the external opening; this takes the exact form of the ear, becomes hard, and effectually prevents either the entrance of atmospheric air or the exit of the glycerine. The ear should be examined daily and the same process repeated. The lining membrane can be examined with a blunt silver probe, passed gently through the speculum auris, to ascertain the effect of the glycerine upon the cuticular thickening. The meatus will gradually lose its shining pearly appearance, and softened pieces will fall off, and can be removed either by the forceps, or gentle syringing. The practitioner should never attempt to tear them away, but allow them to come away by the means just stated. The treatment occupies ordinarily from two to four weeks, and is generally without any pain or inconvenience of any kind to the patient, and the results, in some cases, have been very gratifying. In the after treatment the patients are directed to moisten the auditory canal at least once a week with glycerine, applied by means of a camel hair brush; this will generally prevent a recurrence of the cuticular thickening.

The *modus operandi* is simple enough—the glycerine being kept continually in contact with the part, acts mechanically, either absorbing or penetrating the epithelial coating, and separating the individual particles.

With respect to the permanence of the relief—some cases always require the presence of glycerine as the best known substitute for the natural secretion of the aural membrane. The frequent introduction of the glycerine tends to restore the external meatus to a healthy condition, and fit it for the healthy transmission of sound.

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From the London Journal of Medicine, Dec., 1851, p. 1132.

On Cod-Liver Oil in Phthisis. By Dr. WALSHIE.

THE conclusions at which Dr. Walshe has arrived, with regard

to the use of cod-liver oil in the treatment of phthisis, are as follows :

1. That it more rapidly and effectually induces improvement in the general and local symptoms than any other known agent.
2. That its power of *curing* the disease is undetermined;—I mean here, by 'curing' the disease, its power of causing, along with suspension of progress, such change in the organism generally, as shall render the lungs less prone to subsequent outbreaks of tubercles, than after suspension occurring under other agencies.
3. That the mean amount of permanency of the good effects of the oil is undetermined.
4. That it relatively produces more marked effects in the third, than in the previous stages. Opinions the most diverse have been held on this point; M. Taufflied taught that it had little or no effect on phthisis, if at all advanced; M. Pereyra *reduced the size of cavities in a few weeks* by its administration.
5. That it increases weight in favorable cases with singular speed, and out of all proportion with the actual quantity taken;—and hence it must in some unknown way save waste, and render food more readily assimilable.
6. That it sometimes fails to increase weight.
7. That in the great majority of cases, where it fails to increase weight, it does little good in other ways.
8. That it does not relieve dyspnoea out of proportion with other symptoms.
9. That the effects traceable to the oil in the most favorable cases are increase of weight, suspension of colliquative sweats, improved appetite, diminished cough and expectoration, cessation of sickness with cough, and gradual disappearance of active physical signs.
10. That in some cases it cannot be taken, either because it disagrees with the stomach, impairing the appetite (without itself obviously nourishing), and causing nausea, or because it produces diarrhoea.
11. That in the former case it may be made palatable by association with a mineral acid; and in the latter prevented from affecting the bowels by combinations with astringents.
12. That intra-thoracic inflammations and hæmoptysis are contra-indications to its use, but only temporarily so. I have repeatedly given the oil within a day or two of the cessation of hæmoptysis, without any return taking place.
13. Diarrhoea, if depending on chronic peritonitis, or secretive change, or small ulcerations in the ileum, is no contra-indication to the use of the oil; even the profuse diarrhoea caused by extensive ulceration of the large bowel is not made worse by it.
14. That the good effects of the oil are *cæteris paribus* directly as the youth of those using it,—a singular fact, and which probably may one day (when the textural peculiarities of youth and age are better understood) aid in giving a clue to its mode of action.

From the London Lancet.

*Death from Hæmorrhage Consequent upon Lancing the Gums.* By F. A. B. PONNEY.

SIR,—Your correspondent, Dr. Whitworth, who thinks his case of fatal hæmorrhage from lancing the gums to be unique,\* will find a similar one communicated by Mr. Taynton to the late *Medical Gazette*, so far back as January, 1836, besides at least two others in the second volume of the *LANCET* for 1846.

Mr. Taynton,—after stating that his little patient, six months old, had the gums lanced on Sunday, and in spite of various styptics, including as in Dr. Whitworth's case, the actual cautery, died from the loss of blood on the Tuesday following,—proceeds as follows:

"Now, supposing such a case had occurred in a family of high rank, and the child had died, what a sensation would it not have caused! And how highly injurious might it not have proved to the surgeon's reputation! A similar case might happen again. Surely, then, it is important to know what mode of treatment would be likely to arrest the hæmorrhage; and I hope that some of your able correspondents will favor us with their opinion on the subject."

As I am not aware that this appeal to the opinion of medical men was ever responded to, though the conjecture that cases of the same distressing kind might happen again has been repeatedly realized, I beg to offer you my own ideas on the subject:

The first point to consider is, how the occurrence may be prevented. If, as in Mr. Taynton's case, the hæmorrhagic diathesis exists, no one knowing this would think of scarification. It may be advisable, therefore, in every instance where that operation is indicated, and the child is under a twelvemonth, to inquire whether that peculiar constitution exists in the family. Surely, it is better to put the question a thousand times in vain than lose the chance of avoiding that most painful of all a medical man's trials—the sight of a helpless patient dying through the very means employed for his relief.

Another most important rule is to make no long incision, but if several teeth are advancing on the same line of gum, to let the scarification be short and detached. In one of the cases I have met with in the *LANCET*, the gum-fleam had slipped from over the crown of the tooth backwards, and had separated the gum to some extent from the inner surface of the jaw-bone. This, of course, should be carefully avoided; and it will more easily be so if no long incision is attempted.

Though never so unfortunate as to meet with troublesome bleeding from any gums I myself have lanced, the symptom has occasionally come under my treatment, and I have as yet nearly always

\* *Vide* June *Lancet*, p. 438.

succeeded in getting it under by pressure with the finger upon a suitable compress, saturated with a strong solution of nitrate of silver. In one case only, that of Captain V——, do I remember employing the caustic in substance. That gallant officer, on the 4th of November, 1846, had been to a dentist, who had made a horizontal incision over the roots of the left upper bicuspid, which had bled the whole two miles of his walk home, and by the time I arrived had produced considerable pallor and faintness, and filled the mouth with coagulum. After applying the compress for a quarter of an hour, with partial effect, I saw the jet of a small artery, and after touching it with a point of lunar caustic, had no further trouble. With infants, however, on account of the delicacy of their mucous membrane, and especially with those whom I suspected of the hæmorrhagic diathesis, I would carefully avoid the solid nitrate of silver, for fear of secondary bleeding on the separation of the slough.

Independently of local measures, it would seem prudent to give from time to time a few drops of tincture of ergot or other internal styptic, (perhaps the tincture of matico.) so long as hæmorrhage continued; and, last in mentioning, though first to be remembered, one ought always, on learning that a child's gums were bleeding unusually after scarification, to *attend immediately*, which appears not to have been done in all the cases reported.

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From the New Orleans Med. and Surg. Journal.

*Of Flexion of the Limbs as a Means of Suspending and even Arresting Arterial Hæmorrhage.*

As arterial hæmorrhage is at all times more or less dangerous and alarming, it becomes proper for us to notice all the means best calculated to put a stop to the flow of blood proceeding from divided vessels. To this end, we are pleased to notice that Dr. Bobillier has turned his attention to this subject—the views of whom we shall abridge from the February number for 1852 of the *Journal des Connaissances Medico-Chirurgicales*.

This gentleman has found, from experiment, that when certain arteries, situated about the joints of limbs, are wounded, the hæmorrhage therefrom may be arrested permanently, by flexing the limb forcibly upon itself. By this means he arrested a hæmorrhage from a wounded radial artery; and in another case, the same means succeeded after compression, etc., had been fairly tried and failed.

The third was the case of a man whose brachial artery was wounded by a blow with a knife, just in the bend of the arm, at the usual place of venesection—the hæmorrhage was frightful, and the patient was so situated, and the accident was so unexpected



that the application of a ligature was utterly impracticable in the case. Violent and permanent flexion of the fore-arm upon the arm arrested the bleeding.

Dr. Bobillier deprecates any desire to place flexion of a limb in competition with the ligature, for arresting hæmorrhage. He contends, however, that it is a precious means, under certain circumstances—when the usual instruments for the application of ligatures are not at hand.

In 1834 M. Malgaigne, in his *Manuel de Medecine Operative*, speaks favorably of strong flexion of the fore-arm upon the arm, as a means of arresting hæmorrhage from wounds of the brachial artery. Four years thereafter, he mentions a case in which he arrested a hæmorrhage from the popliteal artery, by flexing the knees.

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From the Buffalo Medical Journal.

*Death from a Dose of Urine.*—DR. FLINT.

You know that various animal excrements have always had a nursery reputation. Thus, human saliva, urine, and feces, contend with hen's dung, sheep's dung, and cow's dung, in the esteem of many excellent mothers and nurses. More of these disgusting mixtures are pushed down the throats of unoffending infants every day than it were decent to expose. You will learn by the following case that human urine cannot always be given with impunity:

An infant, aged eight weeks, was strong and healthy. In the night she became restless and cried, and the mother, to make her quiet, gave her a table-spoonful and a half of undiluted urine. When she took the child up it laughed. Ten minutes after it was comatose; and in fifteen minutes became convulsed. It continued to convulse and to froth at the mouth about eight hours. when it died.

The family were very poor, and no physician was called.

Yours truly,

X. Y. Z.



## EDITORIAL.

*"Contributions to Experimental Physiology."*—By BENNET DOWLER, M. D.,  
Corresponding Member of the Academy of Natural Sciences of Philadelphia; Fellow of the Medico-Chirurgical College of the same city, &c., &c.

Dr. DOWLER is one of the few men of the present day who have the independence to think for themselves, without reference to the opinions of others, and the disposition to labor for the development of truth, regardless of its effects on popular theories. His new and startling propositions, drawn from experiments made upon the great saurian of the Mississippi, have surprised the profession both in this country and in Europe, while the confidence with which he has expressed, as well as ability with which he has maintained his views, has won for him the respect of scientific men. He has met with opposition, but has not stopped to battle for words; at the shrine of truth he has continued to sacrifice, recording faithfully the answer to his offering.

We have in the work before us the details of two vivisections made upon the alligator, in the presence of several professional gentleman. In the first, the trachea was tied firmly in the middle of the neck, and in about thirty minutes the animal appeared to be completely dead. The dissections had already been commenced when suddenly, to the astonishment of the operator and witnesses, it recovered its feet and assumed an attitude of defence. After ten or fifteen minutes it was recaptured, its spinal cord divided in the cervical and afterwards in the dorsal region; the viscera removed from the body; the nerves of the limbs exposed and finally cut away; and lastly the spinal cord itself completely destroyed by inserting a punch from the dorsal division downwards to the caudal extremity, and upwards to the cervical division.

"From the first to the last division of the cord—from the resuscitation to the close of the experiments, the threefold division of the body made by the two sections of the cord, displayed in all three of its parts, both sensation, volition, and accurately adapted muscular motion. The eyes winked or nictated. The head, towards the close of the experiments, attempted to bite Dr. Reynolds.

The lumbar and caudal division gave the most unequivocal indications of pain, contrivance, and adaptive action. Thus the animal, on being suspended by the neck, so that the legs might hang down, was pricked with a scapel in the groin, whereupon it raised one hind leg, (the other had been amputated) it carried the foot (the law of gravity opposing) instantly and accurately to the exact spot where the injury was inflicted, pushing strongly against the knife, slightly wounding its ancle in the attempt to remove the pain-giving instrument—a feat requiring extreme flexion—a complete doubling of the leg upon the thigh. Now this flexion, and several others performed near the close of the experiments by the remaining hind leg and by the fore legs, took place not only after two divisions of the cord, but after the removal of the individual nerves in the limbs themselves, and after the removal of the viscera and sympathetic nerves, plexuses, and ganglions. These motions indicated sensation and volition, as truly as those of the undivided normal animal. In the divided, eviscerated animal, with its limbs *deprived of its nerves*, clear indications of pain and combined motions took place, when, at the close of the experiments, the divided ends of the cord were touched. Thus, when the dorso-caudal part of the cord was irritated, the hind leg was strongly directed to that place. This it repeated until the entire cord was gradually destroyed by a punch reaching down to the tail. The same phenomena occurred when the punch pressed or disintegrated the cord, from the last, or dorsal division, upward toward the head or cervical division.

“In the dissection of the nerves of the limbs during and after the apparent death—after the first and second divisions of the cord, and after amputation, a certain peculiar kind of muscular twitching, particularly in the fingers and toes, took place from compressing or injuring the nerve-cords (as I have formerly described); some slight compression produced many twitches—a strong disorganizing one, or a section gave one or two only, after which compression in the same place produced no motion whatever. The motion could always be reproduced whenever a new portion of the nerve was selected, provided it was invariably upon the distal side of the disorganization or section. The proximal end, that is, the end connected with the cord, when thus treated, was not succeeded by any motion, while that of the distal portion rather augmented as the irritation approached the extreme distribution of the nerves upon the fingers and toes. When the nerves were uninjured in any way, these twitchings were no greater than after the section of the nerve or the amputation of the limb. These twitchings seem totally void of volition or adaptation, being equally independent of the cord and of the proximal end of the nerves.”

The vivisection No. 2 was made with reference to a previous

prepared programme which, with the answers to the interrogatories furnished by the experiments, was as follows:

*Programme of Vivisection.*

1. Divide the cervical cord: Will each division continue to manifest sensation and voluntary motion? Will each division act in concert or simultaneously on irritating either at, near, and remote from the line of division. [Ans. Yes.]

2. Divide the lower dorso-lumbar cord: Will all three parts afterwards manifest sensation and voluntary motion? Will two or three act simultaneously for a common end, where the middle or extremities are injured? [Ans. Yes.]

3. Dissect the branchial plexus of nerves from a fore-leg: Will voluntary motion and sensation still continue to manifest themselves on irritating the axilla, and the dorsal and the cervical ends of the cord? Will the bare dissected muscles, if pinched or pricked, contract? [Ans. Yes.]

4. Destroy the principal trunks of the sympathetic: Will this dissection excite or destroy sensation and voluntary motion? [Ans. Dissection excites these, but the destruction of the ganglions and plexuses of the sympathetic does not appear to hasten their extinction. See Dr. Dalton's very interesting experiments accompanying this paper. Dr. Dalton must have cut away the chief part of the splanchnic nerve, together with the solar, coeliac, hepatic, gastric coronary, splenic, mesenteric, renal, spermatic, aortic, and cardiac plexuses, as well as numerous ganglions.]

5. Dissect the spinal roots of that part of the cord which gives off the nerves to the hind legs: Will irritation of the posterior or supposed sensory root not be wholly devoid of muscular action? [Ans. No.] Will irritation of the anterior or so-called motor root, afford sensation or other phenomena like those of the posterior root? [Ans. Yes.]

6. After destroying the spinal roots, remove the corresponding portion of the cord: What effect will pricking and pinching at the groin produce? [Ans. Voluntary motion, if I remember rightly; but in former cases this most certainly took place.]

7. Dissect, pinch, tie, cut, and disorganize the ischiatic or sciatic plexus, and trace the sciatic, the popliteal, anterior tibial, and peroneal nerves. Prick and compress the isolated muscles: Will they not twitch equally with and without nerves?—with and without connection with the cord? [Ans. Yes.]

8. Amputate a limb: Dissect away its nerves, prick and compress its muscles, will not the contractions be equally active as before? [Ans. Yes.]

In explanation of the phenomena observed, Dr. Dowler suggests that the several segments of the cord, which appears to be essential

to sensation and self determined motion, may be connected by filaments passing along the roots of the spinal nerves, and perhaps communicating with the great sympathetic system. This connection may not be visible to the naked eye, and can only be interrupted by removing all the organic ganglions and plexuses; a thing scarcely possible to be accomplished during the period of a vivisection, hence the co-ordinate movements of different parts excited by sensations and designed, as was manifested during the experiment, for a specific purpose.

The objections urged by critics against these experiments as illustrations of human physiology are met by Dr. D. with tact and ability. In concluding his remarks he has the following:

But sciolists may exclaim—what has all this to do with human physiology? Are alligators like men? Not exactly. I have acknowledged the difference upon former occasions, perhaps to an unwarrantable extent.\* I have a better right to the benefit of the objection than these gentlemen, because they profess to follow the celebrated Carpenter, Todd, Bowman, Hall, and others, who, in their latest and most elaborate works, insist that the cold-blooded animals are the most reliable ones for physiological experiments: Messrs. Todd and Bowman, in their most excellent work, now in the course of publication, namely, "Physiological Anatomy and Physiology of Man," say "*That the nervous force endures much longer in the cold-blooded animals*"—"On this account the cold-blooded animals must be selected for exhibiting the phenomena"—a proposition which Prof. Carpenter iterates and reiterates, particularly in his learned work, "Physiology, General and Comparative," just republished in this country. Now, if dissenting gentlemen were more consistent in their objections, their logic would be none the worse for their philosophical reputation. If they can believe that European frogs and turtles illustrate human physiology, why should they reject the *Crocodilus Mississippiensis*, albeit the wisest, biggest, and most perfect beast of the cold-blooded class, as the physiologists of the old world have the justice to acknowledge? Does the original curse against reptilians apply to the alligator only, so as to render it unfit for physio-

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\* A foreign critic, in 1847, who intended to do me all possible damage, speaks on this wise: "Can any one, we ask, entertain a doubt that, the conditions being the same, the consequences would be the same in man, with a spinal centre constructed upon essentially similar principles to that of reptiles and animals? If such kind of evidence be rejected, physiology must return to its very infancy, for, with few exceptions, little or nothing can be learnt, strange as it may sound to some ears, of human physiology from observations restricted exclusively to man." A Dutch Governor tried to please all, but finding that impossible, determined to hear only one side of every case, as he found that hearing both sides not only confused his mind, but gave the trouble of changing the first opinion and forming a new one!

logical experiments? It is evident that *it* was not the reptile which deceived Eve; for it does *not* "go upon its belly all the days of its life." It walks on four legs! The curse that clings to it is that of being a native American and not a European! Verily an Alligator "hath no honor in his own country," although anatomically and physiologically he combines to a greater extent than any other single animal the essential types characterizing the vertebrata and articulata, approaching birds and mammals on the one side, and rising above the fishes, worms and mollusks on the other. Can the resistance-men prove that crocodilian digestion, absorption, sanguification, nutrition, secretion, circulation, volition, motion, hearing, seeing, and feeling, are altogether different in nature, not simply in degree, from those functions in man? Take the strongest example of contrast, namely, the tenacity of life in the saurian: because life persists longer in the latter than in the former, after extensive injuries, does it follow that the vital actions of the one are essentially different in nature as well as in degree from the other?

Can any unprejudiced and enlightened mind upon a careful review of the above-mentioned experiments, and many others which I have made and published, reconcile them with the following statements?—statements founded almost entirely upon Sir C. Bell's experiments—which experiments Bell said were but very few, and even these few he had no confidence in, as he emphatically declares! Todd and Bowman say: "The anterior root of each spinal nerve is motor—the posterior sensitive. The irritation of the latter gives rise to no muscular action. Comparative anatomy confirms this conclusion among all classes of vertebrate animals. The origin of a double root denotes a double function. The union of the encephalon with the spinal cord is necessary for voluntary motion and for sensation."

We are glad that the doctor continues to work, even though he has no doctrines to establish, no theories to sustain. The truths which he is developing may be the materials out of which others shall construct systems. It may be his to furnish and polish and inscribe the blocks which other hands shall place in the column which is being built of the results of human effort, yet, as each block in our own national monument does honor to the State that gave it, so each truth in the massive structure that human intellect is rearing will be to its discoverer a "*monumentum ære perennius*."

J.

*Amputation of Lower Jaw, with Disarticulation of both Condyles,—by J. M. CARNOCHAN, M. D.*

*On the Claims of Priority in the Exsection and Disarticulation of the Lower Jaw, with an Appendix containing the Report of several Operations performed by GEO. C. BLACKMAN, M. D.*

*An Address to the Graduates of the Medical Department of the St. Louis University's Session 1851-52,—by CHAS. A. POPE, M. D., Prof. of Surgery.*

*Practical Chemistry, a branch of Medical Education, considered in a brief Letter to his Class,—by ALFRED L. KENNEDY, M. D. Lecturer in the Philadelphia School of Medicine, &c.*

*An Essay on Empirical Remedies, read before the Medical Society of the State of Georgia, April. 1852.—by ROBT. CAMPBELL, M. D., Chairman of the Committee on Empirical Remedies.*

Dr. CARNOCHAN, in his pamphlet, claims for himself the credit of being the first to remove successfully the entire lower jaw, and for dupuytren, the honor "of having in 1812 first removed by a methodical operation a portion of the body of the inferior maxilla." Plates, accompanying the report of the case, show the appearance of the bone after maceration, and also the appearance of the patient four months after the operation.

Dr. Blackman, in opposition to Dr. Carnochan, claims for Dr. Deadrick, of Rogersville, Tennessee, the glory of performing the first methodical operation for the removal of a portion of the lower jaw. The operation of Dr. Deadrick was performed in 1810, and reported in the *American Medical Recorder* for July, 1823. The operation to which Prof. Carnochan alludes as accredited to Walther, of Bonn, but which he is unable to trace to an official source, seems to be fully authenticated by Dr. Blackman.

From the address of Prof. Pope we cannot forbear making a short extract. In defending medicine against the charge of uncertainty, he speaks like a man who knows and feels the dignity of his position. After having alluded to the complex nature of the subject of medical enquiry, and to the gradual process by which the human mind masters the unknown, he says:—

"We declare, then, that although to a great extent based on the calculus of probabilities, there is much certainty in medicine, both as a science and an art—that it is a profession founded on correct general principles, and guided by scientific rules of action. There is enough, amply to repay its zealous cultivators, enough to main-



tain its claims to the respect and confidence of mankind, and even to justify its title of divine. The ancients so thought, in associating it with light, and wisdom and music, and placing them all under the care of Apollo, the god of the sun. Sanctioned, too, by the example and precept of the Saviour of man, its claims to our gratitude and love are surely binding and eternal. Being so accustomed to its aid and benefits, the public are hardly aware of the great good our profession is capable of conferring. But some idea of its proper appreciation may be formed, when we observe the consideration paid to the scientific physician by nations who are uncivilized. By such he is regarded as an almost supernatural being, in whose hands are the issues of life and death. And who is bold enough to deny that such is not often the case? Even among less barbarous people, he is often looked upon as wielding power almost superhuman. See, during the sixteenth century, the French soldiers at the siege of Metz, refusing to fight, until, "our Pare is with us," then, with this, their war-cry, rush to conquer. See Grant, the surgeon missionary, among the benighted nations of the East, armed with his needle for cataract, and winning his way through contending hosts and guarded passes, where armies dare not venture.

"An argument in favor of the alleged uncertainty of medicine, is frequently derived from the differences among physicians themselves, in respect to the nature and treatment of a given malady. It were easy to show the utter fallacy of such an objection, but without entering into a labored proof on this point, I will merely state that what, to the public, may appear discord and opposition, is but apparent only, and to the scientific physician perfectly reconcilable and rational. As in mechanics or mathematics, the same problem will scarcely ever be regarded in precisely the same light, by any two minds, so in medicine, the same end may be reached by different means. There are many ways to Rome."

That medicine is not stationary, is shown by reference to the diseases of the chest. The desponding exclamation of Baglivi, "O quanto difficile morbos pulmonum curare, O quanto difficilius eosdem cognoscere," is no longer true. The greatest difficulty now is, not to *diagnose* but to *cure* diseases of the lungs.

The whole address is full of thought as well as beauty.

The value to the medical man of practical chemistry is demonstrated, we think, by Dr. Kennedy. While he shows a zeal for his own department of our science, he does not claim for it an undue importance.

Dr. Campbell's address on empirical remedies is an able exposition of the devices by which the public mind is duped by nostrum

venders. The conclusion arrived at is, that the principal elements of the existence of quackery "consist in—1st, the general ignorance pervading the public on all medical subjects; and, 2d, the imperfect and indiscreet arrangement of the legislative regulations of this country concerning subjects of medical interest." The remedy proposed is, the publishing of the pernicious effects of quackery, and taking the necessary measures to secure the repeal of that portion of the "patent law" referring to secret remedies.

J.

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*The Iowa University again.*

IN the July No. of the resuscitated *Western Medico-Chirurgical Journal*, we have an apology for a defence of the course of a certain Professor of the Iowa Medical School, in making charges which he could not substantiate, and pledges which he did not attempt to fulfil. We say an apology, for the professor in question fairly dodges the point in dispute and endeavors to escape by raising false issues

The first trick of this kind, is in showing in six pages of his Journal, that the former "College of Physicians and Surgeons of the Upper Mississippi," &c., is now actually the medical department of the Iowa University, and that, therefore, we uttered a falsehood in saying that he, the Professor, *assumed* to represent that University. Low as is our opinion of the literature of Keokuk, we cannot believe that sense and dictionaries are so scarce there that the definition of assume is totally unknown. It simply means to take upon oneself; it may be done wrongfully or rightfully; or, as in his case, arrogantly and without any authorization, as, by his own showing, he seems to have done. For it does not follow, that a teacher in one department is authorized to speak for and represent the whole University, and among the powers delegated this is not-mentioned.

But we are not to be diverted from the point at issue by that device. Since the question of a reduction of fees has been brought out as a charge, and those who make it have skulked away to prevent its being met, we will put on record here the facts of the case, for the benefit of all such as may be interested in knowing them. They are as follows:

An agreement was entered into, dated Jan. 10, 1847, between the Indiana Medical College at La Porte and the Medical College at Chicago in regard to the fees, which contained the following clause:—"That no student be admitted to the lectures except upon the condition of paying at least one half of the lecture fees in advance, and giving a note for one year with approved security for the remainder."

It was provided that in case of violation of the agreement, it might be terminated by giving notice, and stipulated that any neglect to enforce the agreement or reduction of fees should be considered a violation. This agreement was faithfully adhered to by the Rush Medical College.

The Indiana Medical College immediately procured a bill to be passed, authorizing them to take two students from each county of the State at half-price, provided the county commissioners (officers who have charge of the paupers), should certify that they were poor, of good moral character, &c. This law was approved Feb. 16, 1848, just thirty-two days after the date of the agreement above quoted; it was accepted and acted upon by the Indiana College, and the certificate of poverty taken as cash, and credit given for the balance. The fees were at that time \$65, one-half of which would be \$32½.

It was only after the next course of lectures had commenced that the trick was discovered; notice of termination of the agreement was given, and the fees reduced to \$35. In face of these facts it is, that the Iowa school, the legitimate successors of the Laporte school, and possessed as it seems of their archives, bring a charge against us of reducing the fees for the purpose of injuring them.

It should be added, that Indiana has 80 or 90 counties, two from each of which would about double the largest class *ever* assembled at Laporte.

That charge we have long been desirous of meeting in public, but no opportunity has been granted.

The evidence brought by the Iowa professor in support of his charge, is curious and characteristic. It is, that Dr. Meek, Dr. Herrick, one of their own students, and others, made offers to different members of their class of lower fees, if they would leave, &c. In reference to these charges, we have simply to say, that no

such offers were ever made on the part of any authorized officer of the College.

To all the letters sent, and there were numbers, the uniform answer by the President or Secretary of the Faculty, was to inform them of the amount of our fees, and inform the applicant that no variation whatever would be made.

But a case is stated, in which one of the professors at Laporte, under an assumed name, by himself or another, wrote a letter, making false representations and asking for admission on lower terms. It was well known at the time that some such communication had been received by different members of the Faculty, and they were all answered officially; and if any one replied to them in the spirit in which they were written, for the purpose of mystifying that "fine little boy," and amusing himself, as "one of our boys" had done, the responsibility rests with him. No reply of the kind was written by any authorized person offering other than our published terms, and answers stating them were officially sent to every one of those letters.

The Professor states that he was prevented by a domestic affliction from attending the meeting at Richmond. This, for one individual, is a reason which is entitled to respect; but surely it need not have prevented him for a whole year from supporting his charge before the committee, or of having some other member of the university present to represent it. The excuse shows what we have already stated, that the attack was a personal matter. The medical department of the University, like its prototype, "the College of Physicians and Surgeons of the Upper Mississippi Valley," *et al* is in fact strictly a private speculation; if fees were high it might be made to pay, otherwise, it could not; and it was to be expected that the firm that owned it should be anxious to have the prices high.

The conclusion of the Professor's defense, like a lady's postscript, contains the gist of the whole matter.

"*They should re-organize their school upon just and honorable principles.*" *i. e.*, expel a couple of professors to make room for certain other persons, and "*determine the question of fees as they may think proper.*"

Fairly given up the question of fees, it only remains for them to

be consistent and reduce their own fees, which is evidently the next step to be expected from them. B.

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*The Third Annual Announcement of the College of Medicine and Surgery of the University of Michigan.*

HAVING felt a deep interest in the success of the principle on which the Regents of Michigan have founded their school of medicine, we have never omitted to improve a fitting opportunity to speak a word in its favor, and we are sincerely glad to see by the present catalogue, unmistakable evidences of its prosperity. Having uniformly felt and spoken thus, we were not a little surprised, on reading the present announcement, to find one or two paragraphs which certainly justify, if they do not demand, some comments.

The paragraphs that first arrested our attention, and caused a much more careful examination of the whole circular, were as follows, viz.:—"Others have reduced their fees, but have *not* enhanced their requisitions—an innovation, certainly, but one with which *those connected with this institution do not wish to be identified or confounded.*

"Fortunately, Michigan has the desire and ability to possess herself of the honor of being the pioneer in this important movement. The experiment has been tried, and the result has been unexpectedly satisfactory. The peculiar position of the College of Medicine and Surgery of the University of Michigan, *is such that it has been enabled fully to comply with the demands of the profession,* at the same time that it has sustained itself."

The first sentence here quoted is so evidently designed as a contemptuous fling at the Rush Medical College, and embodies so palpable an untruth, that the authors of it need blame no one but themselves if it provokes a full inquiry into the truth of the pretension so arrogantly set forth in the last part of the quotation, viz.:—that the position "of the College of Medicine and Surgery of the University of Michigan is *such that it has been enabled fully to comply with the demands of the profession.*"

Two enquiries will very naturally arise in the minds of the reader, viz.: First, what *are* "the demands of the profession" on

our medical colleges; and second, in what manner has "the College of Medicine and Surgery of the University of Michigan" *fully complied* with these demands?

A full answer to the first of these enquiries can be found on page 74 of volume 1st of the Transactions of the American Medical Association; and is as follows, viz.:—

"Resolved, 1st. That it be recommended to all the colleges to extend the period employed in lecturing, from four to six months.

"2d. That no student shall become a candidate for the degree of M. D., unless he shall have devoted *three entire years to the study of medicine*, including the time allotted to attendance on lectures.

"3d. That the candidate shall have attended two full courses of lectures, that he shall be twenty-one years of age, and in all cases shall produce the certificate of his preceptor, to prove when he commenced his studies.

"4th. That the certificate of no preceptor shall be received who is avowedly and notoriously an irregular practitioner, whether he shall possess the degree of M. D. or not.

"5th. That the several branches of medical education already named in the body of this report, be taught in all the colleges and that the *number of professors be increased to seven*.

"6th. That it be required of candidates that they *shall have steadily devoted three months to dissections*.

"7th. That it is incumbent upon preceptors to avail themselves of every opportunity to impart clinical instruction to their pupils; and upon *medical colleges to require candidates for graduation to show that they have attended on hospital practice, for one session*, whenever it can be accomplished, for the advancement of the same end."

Such are the formal *demands* of the profession on the medical colleges, as deliberately adopted by the National Medical Convention in 1847; and which have been re-affirmed by almost every annual meeting of the American Medical Association since that time. Indeed, so much importance was attached to the 7th *demand* enumerated, that at the largest meeting of the Association ever convened, (the meeting in Boston, May 1849,) it was almost unanimously re-affirmed in the following explicit language, viz.:—



"Resolved, That the Association *does not sanction or recognize 'college clinics' as substitutes for hospital clinical instruction; and that the medical colleges be again advised to insist, in all instances where it is practicable, on the regular attendance of their pupils, during a period of six months, upon the treatment of patients in a properly conducted hospital, or other suitable institution devoted to the reception and cure of the sick.*"

Now, the following quotation from the Annual Announcement before us, will enable every reader to see how far, and in what manner, our friends in Michigan have *complied with the demands* of the profession.

"To be admitted to the degree of Doctor of Medicine, the student must exhibit evidence of having pursued the study of medicine and surgery for the term of *three years*, with some respectable practitioner of medicine (including the lecture terms); must have attended two full courses of lectures, the last of which must have been in the College of Medicine and Surgery of the University of Michigan, and the previous one in this or some other respectable medical institution; must have been engaged in the study of practical anatomy; must be twenty-one years of age; must have submitted to the faculty a thesis, composed and written by himself, on some medical topic, and have passed an examination at the close of the term satisfactory to the faculty. To encourage a higher grade of preliminary acquirement, *an allowance of one year from the term of study* is made in favor of graduates of the College of Science and Arts, and of other respectable literary colleges."

Can anything be found here complying *fully* with the 2d, 5th, 6th, and 7th "*demands*" of the profession as already quoted? Does the phrase, "must have been engaged in the study of practical anatomy," ensure the devotion of "*three months to dissections?*" Does the admission of students to the honor of the Doctorate, after only *two years' study*, ensure the devotion "*of three entire years to the study of medicine?*" Does the entire silence in regard to *clinical instruction*, "require candidates for graduation to show that *they have attended on hospital practice for one session?*" These questions are neither impertinent nor inappropriate at the present time. For several years the subject

of medical education has engaged the earnest attention of the profession. The medical schools have been severely censured for not adopting and exacting a higher standard of requirements before admitting students to an examination for the degree of M. D. Some have proposed one remedy and some another. For ourselves, we fully adopted the sentiments of the venerable Alexander H. Stevens, as expressed in his address before the New York State Medical Society, and which have been nominally acted on by the Regents of the University of Michigan. These sentiments were briefly and substantially; first, to remove as far as possible the *pecuniary expense* incurred by the student, for the purpose of enabling him to devote a *longer time* to study; second, the rendering the professors or teachers as *little dependent as possible* on the mere *number* of students under their instruction, by paying them fixed salaries, that they might *feel able and free to rigidly require a high standard* of medical attainment before granting the honors of the schools.

When the Regents of the State of Michigan organized the medical department of their university, removed all *pecuniary* burden from the student by making the *lectures free*, and paid the professors fixed salaries from their ample university fund, we naturally looked to them with much confidence for a practical illustration of the correctness of the sentiments we had imbibed.

Our first disappointment, was in their accepting a location where the all-important subject of clinical or hospital instruction must be entirely excluded.

Our second, and greater disappointment, was founded in the present "*Announcement*," in which, after claiming a class of 157 matriculants, and a success "*unexpectedly satisfactory*," we not only find all *clinical* instruction omitted, but we find no positive requirement of even "*three months' dissections*," and a miserable *discount* of *one-third* of the whole period usually required for medical studies, in favor of those who could manage to get the title of A. B., from some one of the thousand literary institutions of our country.

Where is the necessity of thus narrowing down the period of medical study? We are told, rather pompously, that "*the peculiar position* of the College of Medicine and Surgery of the University

of Michigan, *is such*, that it has been *enabled fully to comply with the demands* of the profession." Then why *hire* the student to get certain preliminary attainments, at the enormous *price of one-third* of the short period of three years' medical pupilage? What part of the profession have *demand*ed any such sacrifice? When the profession demanded of the colleges a longer lecture term and a less number of lectures per day, it was not for the purpose of merely giving the student more time to read books, which he could as well do in his closet at home; but it was for the express purpose of enabling him to devote a part of every day to the important work of *dissections* and *clinical observations* by the bed-side of the sick, where the *principles taught*, should be tested practically by the *teacher*. When endowments were asked sufficient to render the professors in the colleges pecuniarily independent of the income derived from students, it was for the double purpose of taking away from the student the oft-repeated plea that he was pecuniarily unable to study long enough or attend courses of lectures enough, and of placing the professors in a position that would enable them uniformly to demand from the student such attainments, both preliminary and medical, as would make him useful to the community and an honor to the profession. In the correctness of these sentiments we still have the most implicit confidence. But until the medical department of the University of Michigan carries them more fully into practice, than she promises to in the present "*Announcement*," we shall be constrained to join heartily in their wish not to have their faculty, in any wise, "*identified or confounded*," with us. N. S. D.

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*Whiteside County Medical Society.*

ON the 17th of June Whiteside County Medical Society held its annual session at Como, in the Odd Fellows' Hall, which had been kindly tendered them by the Order. Pres't A. Smith occupied the chair. A. T. Hudson, M.D., presented for membership Dr. J. W. Myers, who was duly elected. Treasurer's report was read, accepted, and placed on file. The President's Annual Address was then read before the Society, followed by the reports of cases and interesting remarks from some of the members.

The Society next proceeded to the election of officers for the ensuing year and until their successors are elected, which resulted as follows:

President—A. W. Benton, M.D., of Sterling; Vice President—A. T. Hudson, M.D., of Albany; Secretary—A. G. Porter, M.D., of Prophetstown; Treasurer—A. J. Grover, M.D., of Lyndon; Censors—Drs. Donaldson, Hudson, and Grover.

President then appointed H. C. Donaldson, M.D., of Como, to deliver an original essay on some subject connected with the profession, at the next semi-annual meeting.

On motion of Dr. Porter, Society adjourned to Albany, on the first Tuesday in December next, at 10 o'clock, A.M.

A. G. PORTER, M.D., *Secretary*.

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#### *Medical News.*

PROFESSORS Flint and Palmer, of the University of Buffalo, have been appointed to the chairs of *Theory and Practice*, and of *Anatomy*, in the University of Louisville. These chairs were vacated by the resignation of Professors Drake and Cobb, who have returned to the Medical College of Ohio. A. B. Palmer, M.D., of this city, has been appointed to the chair of *Anatomy*, including *General, Descriptive, Morbid*, and *Microscopic Anatomy*, in the University of Michigan. Drs. F. G. Smith, J. M. Allen and J. J. Reese have accepted appointments to the professorships of *Institutes of Medicine*, *Anatomy*, and *Medical Chemistry* and *Pharmacy*, in the Pennsylvania Medical College.

The chair of Institutes of Medicine is a new creation; all the others have been recently vacated by death or resignation. Dr. Smith is one of the able editors of the *Examiner*. Drs. Allen and Reese have both established reputations as lecturers and teachers in Philadelphia institutions.

J.